

Name In Full

Certificate of Death

Merran Benders

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct 26

Age

5 weeks 1 mo

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Everett Bryan

Wade

Cause of

Primary

Stice Bump

How long sick

Death

Immediate

Accident, Suicide, Homicide

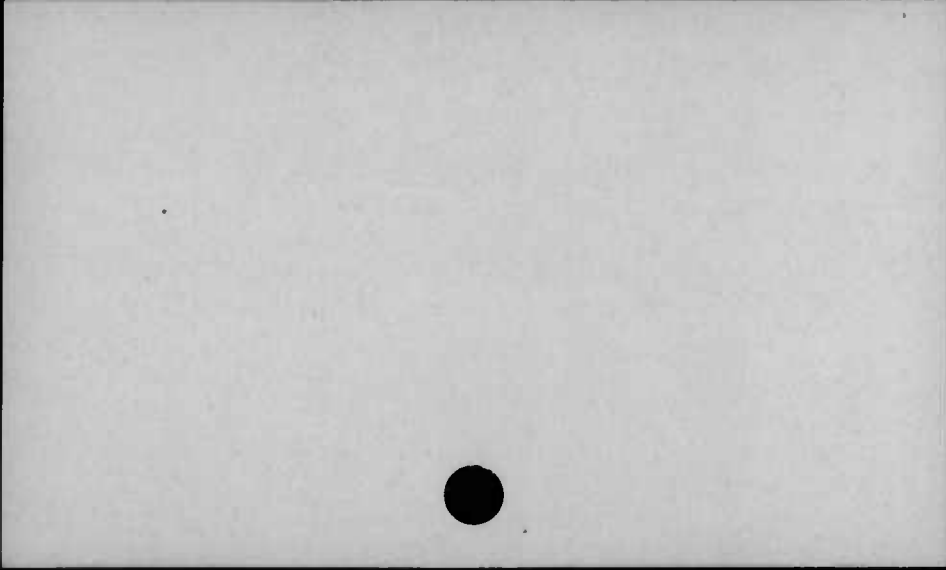
Reported by

James G. Stevenson

Address

Baltimore City - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lewin J Davidson



CERTIFICATE OF DEATH

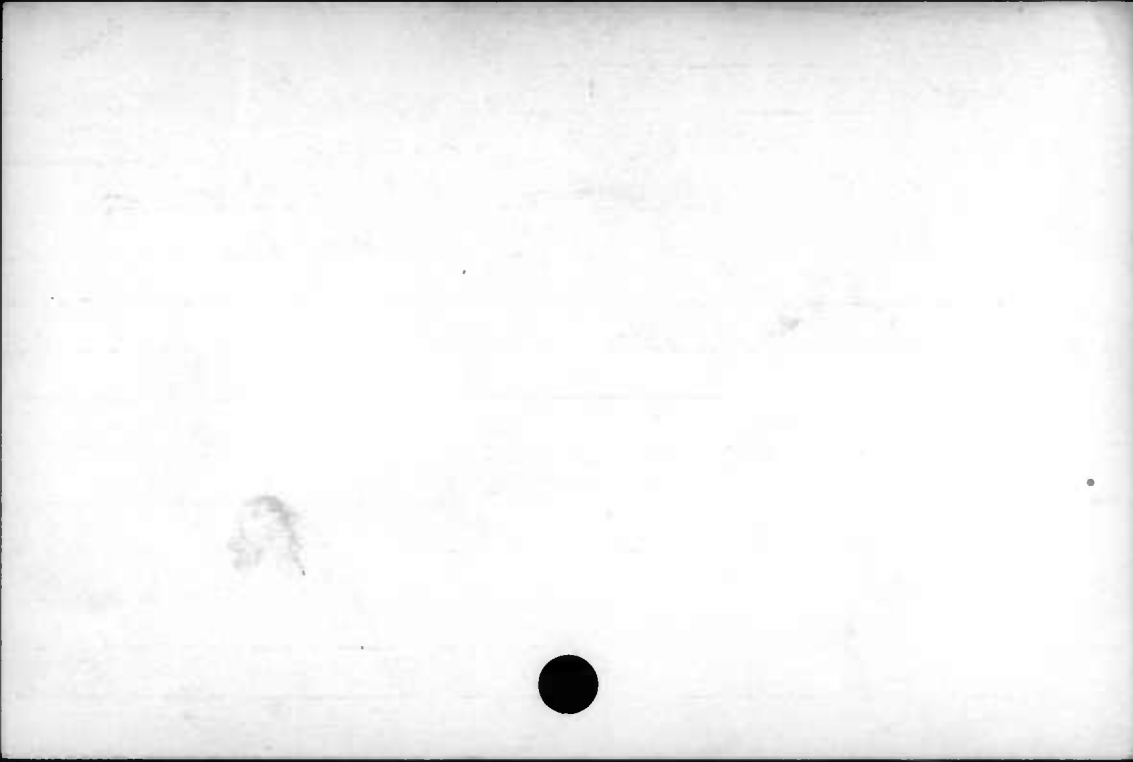
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Snow Hill</i> ^{Town} <i>Worcester</i> ^{County} MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>April</i> ^{Day} <i>25</i> ^{Years} <i>66</i> - ^{Months} <i>-</i> ^{Days} <i>-</i>	
Sex <i>Male</i>	Color or Race <i>White</i> Birth-place <i>Berlin</i>
Married, Single or Widowed	Occupation
Name of Wife or Husband	
Father's Name <i>Lewin Davidson</i>	Father's Birthplace <i>Near Berlin</i>
Mother's Maiden Name	Mother's Birthplace
Name of person giving information	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>179</i>
	Address 
Accident or Suicide?	



Name
in
Full

Blanch. E. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Apr</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Color.</i>		Birth-place <i>Snow Hill</i>			
Married, Single <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Lewis Fisher</i>				Father's Birthplace <i>Coolspring</i>			
Mother's Maiden Name <i>Birithia Fisher</i>				Mother's Birthplace <i>Snow Hill</i>			
Name of person giving information <i>Lewis Fisher</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 weeks</i>
Immediate <i>8</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>William S. Williams</i>
<i>Snow Hill</i>	Address <i>Worcester Co Maryland</i>
Accident or Suicide?	



Name
in
Full

Mary E. Gale

CERTIFICATE OF DEATH

Town

County

Died near Pocomoke City

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

April

16

Age

two

Sex

Female

Color or
Race

Colored

Birth-
place

Pocomoke City

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

James Gale

Father's
Birthplacenear
PocomokeMother's
Maiden Name

Josephine Tinsley

Mother's
BirthplaceName of person giving
information

Geo H Baynard

How related
to deceased

Mother

CAUSES OF DEATH

Primary

How long

Immediate

Consumption

How long

9 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

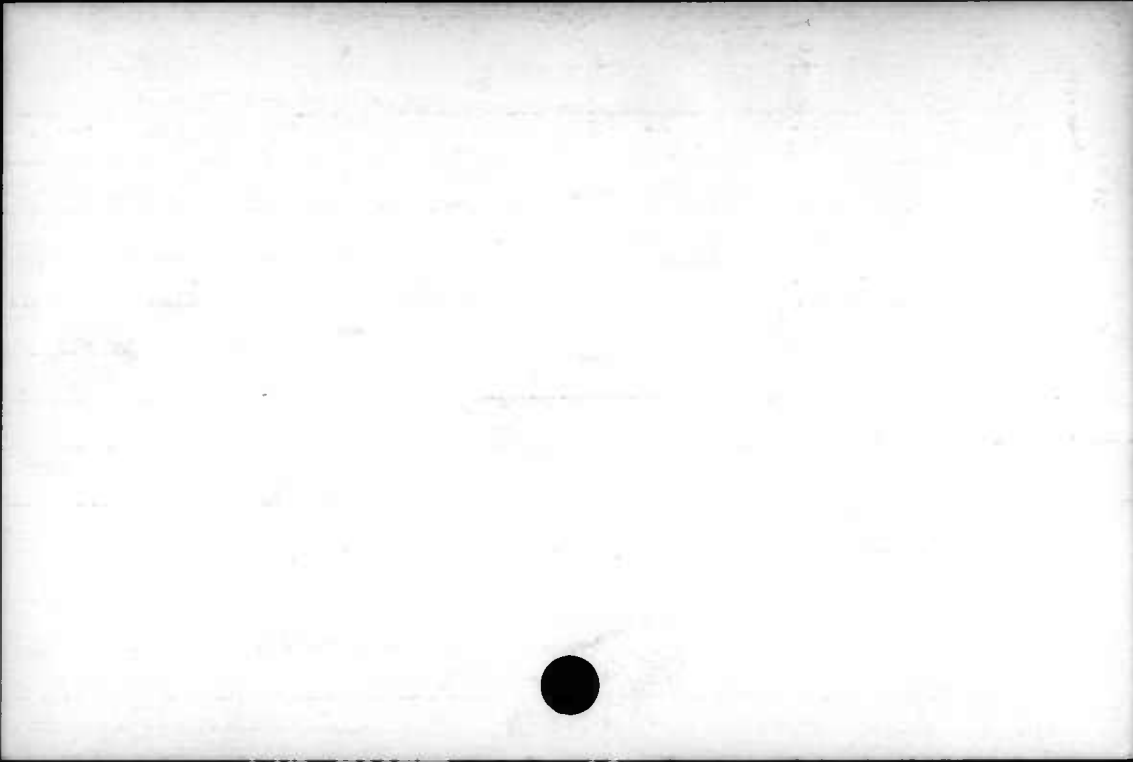
Signature of
Physician

Address

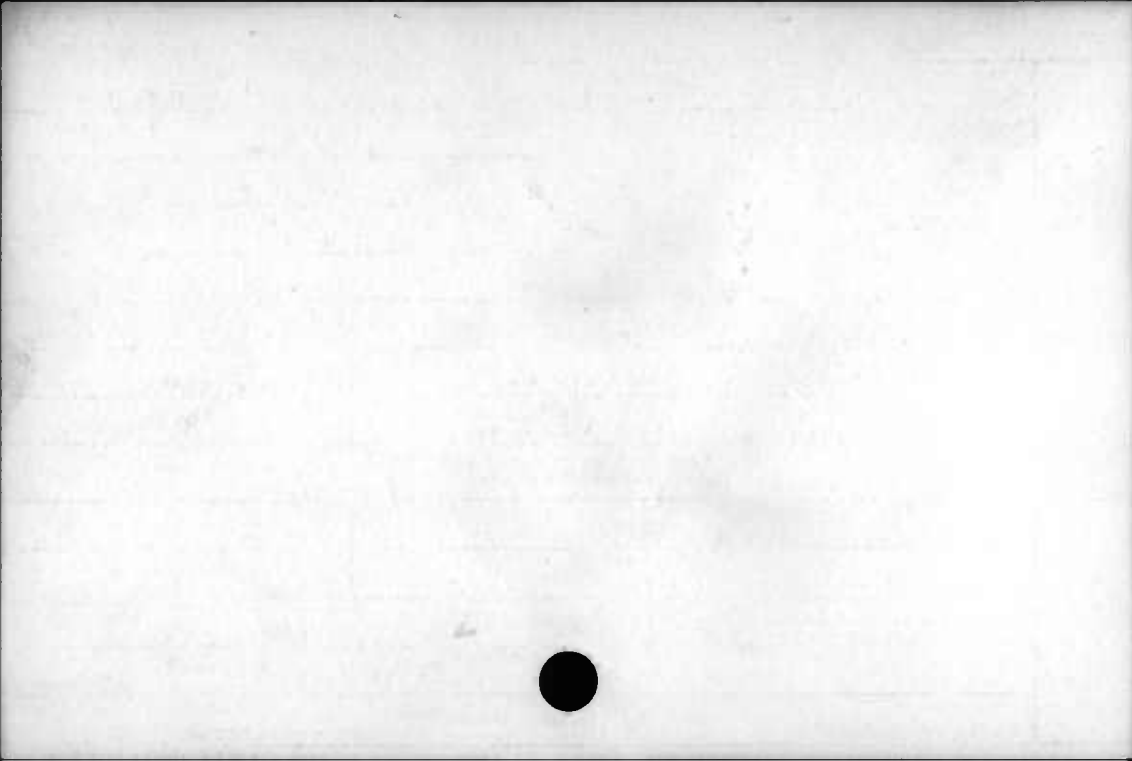
1500 South
Pocomoke City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		James H. Hall.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snowsill Worcester	County Worcester		MARYLAND	
	Date of death 190 3		Month Apr.	Day 13	Age 73	Months —	Days —
	Sex ♂ Male		Color or Race Colored		Birth-place Worcester		
	Married, Single or Widowed Married		Occupation Labor				
	Name of Wife or Husband Hennie Hall						
	Father's Name unknown				Father's Birthplace unknown		
	Mother's Maiden Name unknown				Mother's Birthplace unknown		
Name of person giving information Frank Tice 154		How related to deceased Son in law					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Gravel & old age				How long 4 years		
	Immediate no.				How long 3 months		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician William S. Williams		
	Snowsill				Address Worcester Maryland		
Accident or Suicide?							



Name
in
Full

Hattie Henry

CERTIFICATE OF DEATH

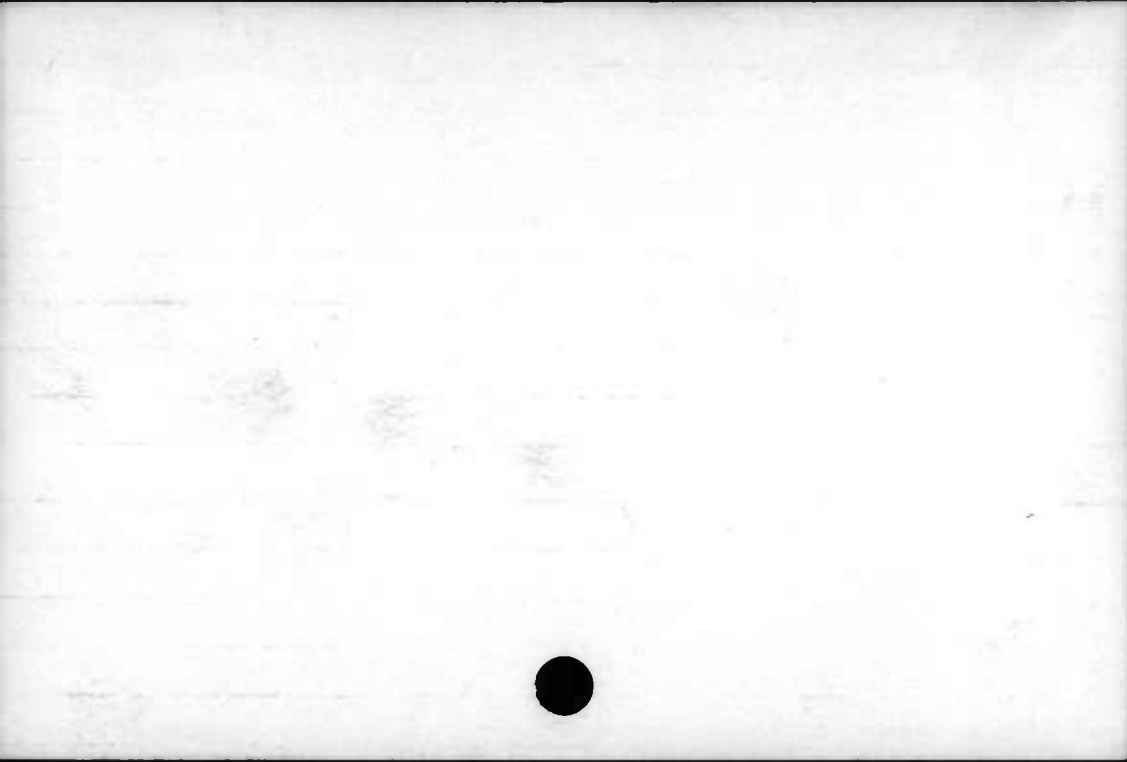
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Berlin</i>		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>25</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Wor Co</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Gen. Henry</i>							
Father's Name <i>John H. Massie</i>				Father's Birthplace <i>Worcester</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Henry Hooks</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephrositis</i>	How long <i>indefinite</i>
Immediate <i>Uremia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. D. Duckham M.D.</i>
	Address <i>Berlin Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Elizabeth Holloway</i>		Town <i>Westport</i>		County <i>Worcester</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>15</i>		Years <i>67</i>	
Date of death 190 <i>3</i>		Age		Months		Days	
Sex		Color or Race		Birth-place <i>Worcester</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Henry Holloway</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Charles Holloway</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart-</i>		How long <i>6 days</i>	
Immediate <i>"</i>		How long <i>79</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Paul Jones</i>	
		Address <i>Snow Hill</i>	
Accident or Suicide?			



Name
in
Full

Lula Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>5</i>	Age	Months	Days <i>27</i>
Sex <i>female</i>		Color or Race <i>Blk</i>		Birth-place <i>Berlin</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Jones</i>			Father's Birthplace <i>Berlin</i>		
Mother's Maiden Name <i>Margaret Howell</i>			Mother's Birthplace <i>Whaleyville</i>		
Name of person giving information <i>Harry Jones</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>27 days</i>
Immediate <i>151</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Had crowd</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

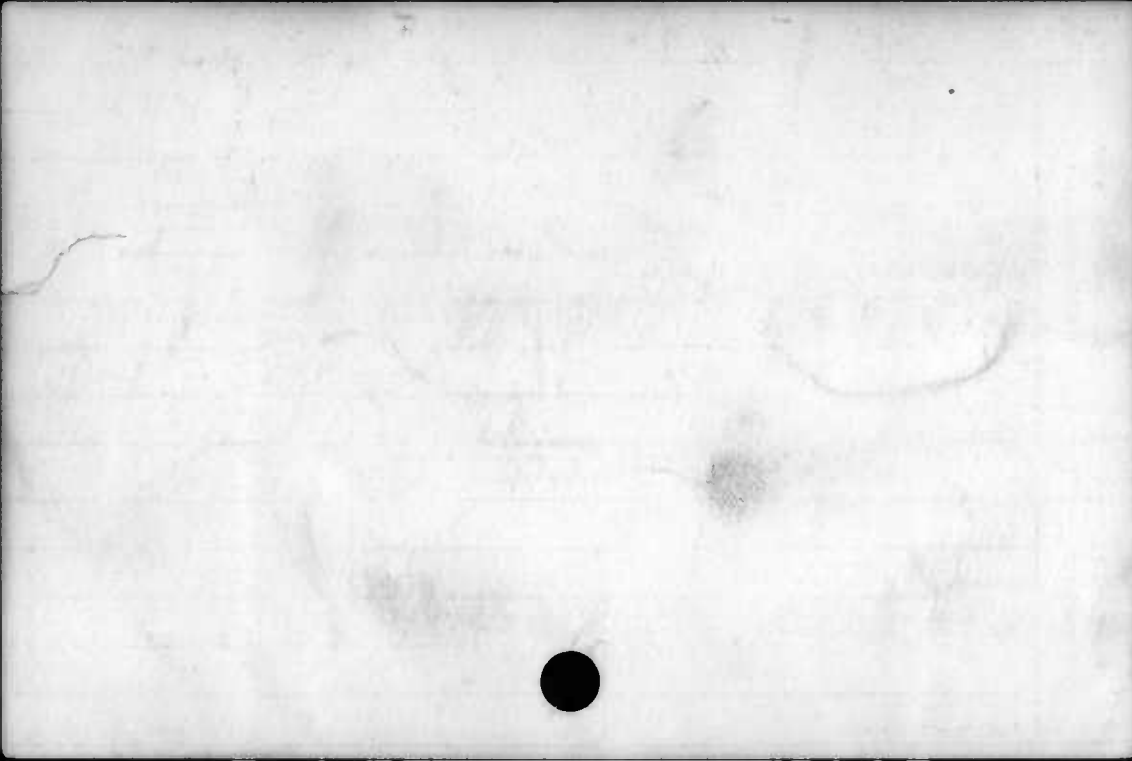
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> ^{Town}		<u>Monester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>28th</u>	Age <u>80</u> Years	Months <u>10</u>	Days <u>5</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Married <u>Single</u> or <u>Widowed</u>			Occupation		
Name of Wife or Husband <u>Hesteretta Melvin</u>					
Father's Name <u>Arvey Melvin</u>			Father's Birthplace		
Mother's Maiden Name <u> </u>			Mother's Birthplace		
Name of person giving information <u>Hesteretta Melvin</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>old age</u> <u>154</u>	How long
Immediate <u>neuralgia of the heart</u> <u>found dead</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W.P. Harned</u>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

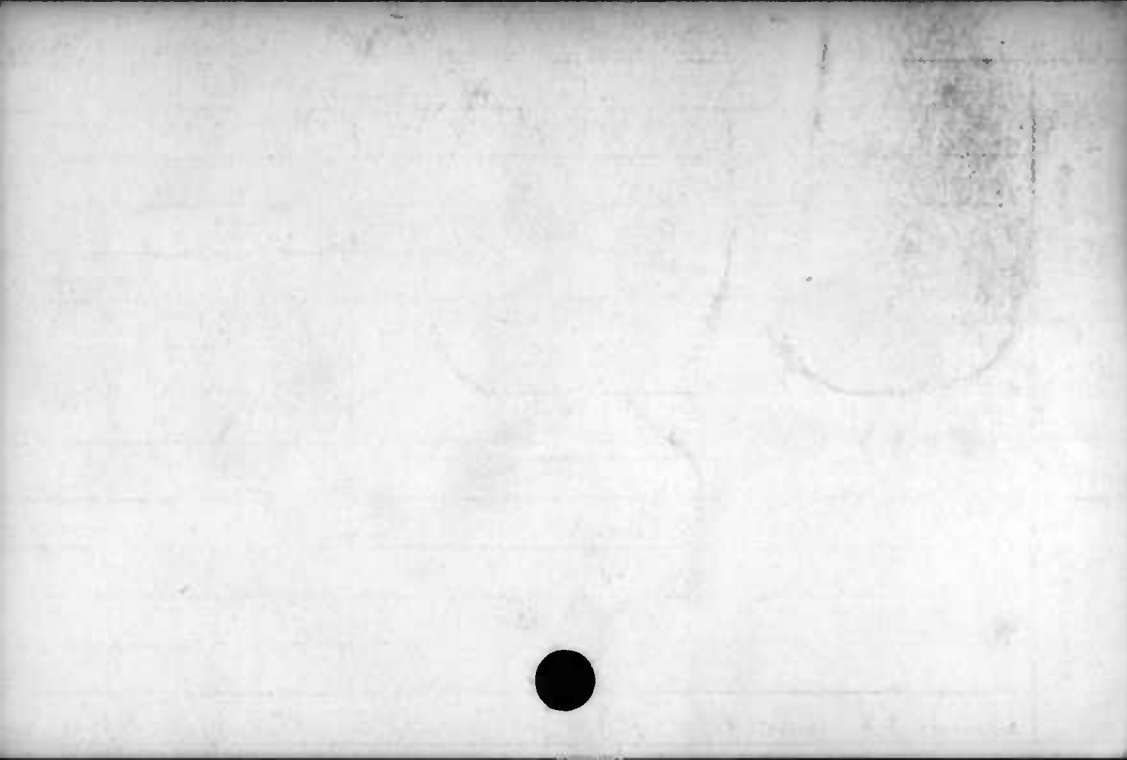
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wesleyville</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>30</i>	Age <i>20</i>	Years	Months <i>1</i>	Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Phoe Johnson</i>				Father's Birthplace			
Mother's Maiden Name <i>Hattie Johnson</i>				Mother's Birthplace			
Name of person giving information <i>S. P. Johnson</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>25-30</i>
Immediate <i>Heart disease</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No physician</i>
<i>W. P. Thomas</i>	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name

Full

Francis Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Swinscoe</u>		Town <u>Moreston</u>		County		MARYLAND	
Date of death 1903	Month <u>Apr.</u>	Day <u>23</u>	Age <u>75</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>laborer</u>						
Name of Wife or Husband <u>Francis Nelson</u>							
Father's Name <u>unknown</u>		Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>Rachel Nelson</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Mary A. Blake</u>		How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Trouble</u>	How long <u>6 months</u>
Immediate <u>Asma</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>William S. Williams</u>
<u>Snout Hill</u>	Address <u>Moreston</u>
Accident or Suicide? <u>County</u>	<u>Maryland</u>



Name
in
Full

CERTIFICATE OF DEATH

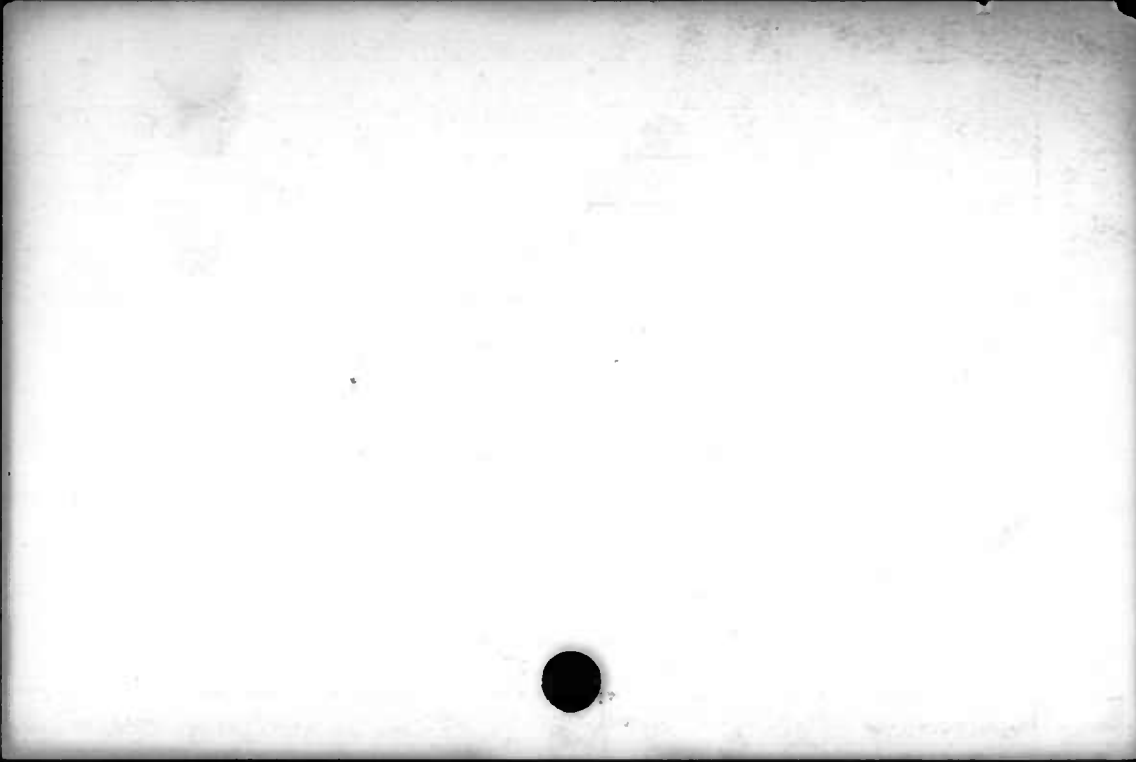
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>unnamed</i>		Town <i>Paromoke City</i>		County <i>Worchester</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>18th</i>		Years <i>—</i>	
Date of death 190 <i>3</i>		Age <i>—</i>		Months <i>—</i>		Days <i>Still born</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>New Paromoke</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>George Riley</i>				Father's Birthplace <i>Worchester Co</i>			
Mother's Maiden Name <i>Alice Waters</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>George Riley</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long <i>D</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S. [illegible]</i>	
		Address <i>Paromoke City Md</i>	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>12</i>	Years <i>75</i>	Months <i>Six</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place		
Married, Single or Widowed			Occupation <i>merchant</i>		
Name of Wife or Husband <i>Rebecca Shockley</i>					
Father's Name <i>Nathaniel, Vincent,</i>			Father's Birthplace		
Mother's Maiden Name <i>Margaret Hurst</i>			Mother's Birthplace		
Name of person giving information <i>John W. Vincent,</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

